



CDBG Individual Job Reporting Form

1. Applicant Name: _____ 2. Date of Birth: _____

3. Address: _____ 4. Phone: _____

5. Race (Pick One):

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black / African American & White |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> American Indian / Alaskan Native & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian / Alaskan Native & Black / African American |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Other Multi—Racial |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | |
| <input type="checkbox"/> Asian & White | |

6. Hispanic Ethnicity: ☐ Yes ☐ No 7. Female Headed Household: ☐ Yes ☐ No

8. Military Veteran Household: ☐ Yes ☐ No 9. Disability: ☐ Yes ☐ No

10. Job Title: _____

11. Job Type (Completed by Employer): ☐ Skilled ☐ Semi-Skilled ☐ Unskilled

12. Hours: ☐ Full Time (40 hours) ☐ Part Time at _____ hours a week

13. Previously Unemployed: ☐ Yes ☐ No

14. Income Guidelines:

Step 1—Circle the number of persons in applicant household.

Step 2—Circle your household income range (under the number you already circled in Step 1).

Number of Persons in Your Household

2015 AMI Effective 3/6/15	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
0-30%	\$0-14,350	\$0-16,400	\$0-18,450	\$0-20,450	\$0-22,100	\$0-23,750	\$0-25,400	\$0-27,000
31-50%	\$14,351-23,850	\$16,401-27,250	\$18,451-30,650	\$20,451-34,050	\$22,101-36,800	\$23,751-39,500	\$25,401-42,250	\$27,001-44,950
51-80%	\$23,851-38,150	\$27,251-43,600	\$30,651-49,050	\$34,051-54,500	\$36,801-58,900	\$39,501-63,250	\$42,251-67,600	\$44,951-71,950
Over 80%	\$38,151+	\$43,601+	\$49,051+	\$54,501+	\$58,901+	\$63,251+	\$67,601+	\$71,951+

I hereby certify that the information included on this form is correct to the best of my knowledge and that such information may be subject to verification by representatives of the City of Indianapolis and/or the United States Department of Housing and Urban Development for purposes of meeting the federal requirements of the Community Development Block Grant (CDBG) program.

Applicant Signature: _____ Date: _____

Project Sponsor Signature/Business Officer: _____ Date: _____